

FAMILY FIRST PREVENTION SERVICES ACT THE ROAD TO EVIDENCE-BASED PROGRAMMING

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What We Will Cover Today

- Background of Title IV-E
- Family First Prevention Services Act of 2018 (Family First Act)
- What programs are eligible?
- New programmatic requirements
- What these changes could mean to your local CBOs
- Evidence-based or not (to adopt or become evidenced-based)?
- What it takes to adopt evidence-based practices
- Resources

- Title IV-E of the Social Security Act provides federal matching funds to help states pay for foster care placements for children who meet federal eligibility criteria and for the support services they need—this includes prevention services.
- Prevention services
- The federal share called “federal financial participation” (FFP) pays part of the cost of foster care maintenance payments made by the state for the support of eligible children living in foster family homes or childcare institutions. FFP is based on each state’s Medicaid matching rate and ranges from 50% to 83% of the foster care maintenance payments.

Title IV-E of the Social Security Act



Family First Prevention Services Act of 2018

- The President signed the Bipartisan Budget Act of 2018, Public Law (P.L.) 115123 into law on February 9, 2018.
- FFPSA amends the Title IV-E foster care program to create new optional prevention funding under Title IV-E, place title IV-E payment limits on childcare institutions, reauthorize the Adoption Incentives Program, and other changes.
- In the past, Title IV-E funding could only be used for prevention services through Child Welfare Waiver Demonstration projects approved by the U.S. DHHS.
- Under the Family First Act, children at imminent risk of entering foster care, their parents or kin, caregivers, and youth in foster care who are pregnant or parenting are now eligible to receive time-limited, evidence-based prevention services to prevent foster care entry.

Key Priorities of Family First



Funding services for families to prevent foster care entry



Supporting kinship caregivers



Establishing criteria for appropriate use of residential treatment



Strengthening services for older youth.



Reimbursable Services

- Mental health prevention and treatment services
- Substance abuse prevention and treatment services
- In-home parent skill-based programs that incorporate parenting skills training, parent education, and/or individual/family counseling.

**Prevention services must be documented in a written prevention plan for each child using a trauma-informed approach.*

New Programmatic Requirements

This focus on being evidence-based ensures that children and families receive services with demonstrated effectiveness (Supplee & Metz, 2015).

Prevention and kinship programs must be evidence-based.

States rigorously evaluate and support implementation of prevention programs through data-driven continuous quality improvement efforts.

Assessment tools used to determine the appropriateness of residential treatment programs must be evidence-based.

Levels of Evidence

- At least 50% of state expenditures must be on promising, supported or well-supported practices.
- Studies must be rated through an independent systematic review and determined to be well-designed and well-executed to contribute to the evidence base.
 - **Promising:** At least one target outcome in a study shows positive effects.
 - **Supported:** At least one target outcome in a study in a usual care setting shows positive effects maintained for six months after the end of the treatment.
 - **Well-Supported:** At least two target outcomes in studies with separate samples in usual care settings shows positive effects. At least one of those effects is maintained for 12 months after treatment.

PA WILL IMPLEMENT FAMILY FIRST ON JULY 1, 2021

Allegheny County will in turn adopt the new guidelines; however, it is unclear when CBOs will be required to become evidence-based.

Challenges to Implementation

- Identifying evidence-based programs: There are only a few programs meeting the criteria in existing clearinghouses.
- Ensuring that programs produce desired outcomes: It is possible that programs that are effective for other populations will not produce the same desired outcomes for children at risk of foster care entry and their families.
- Identifying culturally relevant evidence-based programs: Existing evidence for programs may come from study samples that don't match the characteristics, needs or experiences of children and families served in a local jurisdiction.
- Building the evidence base for emerging programs: It will be important to identify other funding sources to implement and continue building the evidence base for new and emerging programs and services that have not yet met the evidence requirements.
- Aligning programs with families' needs: States will need to ensure they build a continuum of services that provide responsive, tailored support.
- Mobilizing support and financial resources for rigorous evaluations: These program evaluations are costly.

How This May Impact Your CBO



PA DHS is moving toward the full adoption of evidence-based programs.



They have attached financial incentives to encourage the adoption of these practices at state and county levels.



Although Allegheny County has no immediate plans to require your programs to be evidence-based, they are exploring it and how it impacts funding coming to the county.



CBOs should not wait to see if these requirements are adopted. This shortens the amount of time you will have to adopt or become evidence-based.



As has happened with other federally funded programs, small and minority agencies are often left behind when these requirements become reality for a variety of reasons.



BE PREPARED!

Steps to Adopting Evidence-Based Programs

- Obtain buy-in for program stakeholders (identify “program champions”).
- Research cost to adopt and identify sufficient resources to complete the process.
- Search for an evidence-based practice that matches the needs of your program participants, can be incorporated into your existing program and will help you achieve desired outcomes.
- Decide on necessary program adaptations that meet the needs of your setting without sacrificing the core elements of your prevention program.
- Seek information, technical assistance and program consultation.
- Provide staff training and coaching, as it is critical to the success of the program.
- Begin initial implementation, which will take place at multiple levels in the organization.
- Conduct ongoing evaluation and fidelity assessments.
- Create feedback loops and ongoing opportunities for learning and reflection.

- Through implementation of a rigorous evaluation, demonstrate that the program produced its intended results.
- Through evaluation methodology, demonstrate that it is your program that produced these results rather than extraneous events or factors. To test and determine whether you've satisfied the two criteria, it is necessary to implement a strong evaluation design that includes a control group. Options:
 - A quasi-experimental design, which is generally characterized as having a non-randomized control group; or
 - A true experimental design, in which participants are randomly assigned to two groups: one that receives an intervention and another that does not (or receives an alternative intervention). This is considered the stronger or more robust of the two.
- Once you've completed your evaluation, you'll need to submit an article with your findings to a peer-reviewed journal and have this accepted for publication. In this step, your results are subjected to a critical examination to determine whether your evaluation and findings meet scientific rigor.
- Finally, you'll need to submit your program information and available studies to one of the evidenced-based clearinghouses for a second review by experts to determine if the research is strong enough to receive approval.

Major Components of Becoming Evidence-Based



RESOURCES

Articles, Program Clearinghouses, Technical Assistance



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